161 1840 by Wilkes may have been an excessively conservative estimate (Maude, 1965:46), and the figure of 19,186 obtained from the first official census in 1891 (Matoto, 1971:9) is probably a better indication of the Tongan population at its lowest point. From studies of population trends in the South Pacific in general, Keesing (1942:47) estimated that "the lowest points in Polynesian populations were reached variously from 1890 to 1910."

161 165 The trend of a declining population was reversed around the turn of the century, especially after World War I (Table 6), although about 1600 Tongans died in the worldwide influ-
161 enza epidemic of 1918 (Gifford, 1929:330). Since then, Tongan population has grown rapidly and, at present, Tonga has one of the highest population growth rates in the world, approximately three per cent per annum (Dommen, 1971:6).

161 743 312 178 This rapid growth can be attributed to the development of a medical service, the construction of hospitals, an improvement of public water supplies, an increase in natural immunity to foreign diseases on the part of Tongans, and post-World War II economic prosperity.

161 166 From 1921 until the last official census in 1966, the population of the Kingdom increased by about 225 percent and the population of Tongatapu increased by 390 percent,
168 842 partly owing to immigration from the outer islands. The Tongan government hopes that the present "family planning" campaign will help to reduce this growth rate.

162 1966. On the other hand, the reproductive age groups, ages 15 to
161 44, evidenced a decline within each age group, with the exceptions of ages 35 to 39 and 40 to 44. Further examination of these reproductive age groups indicates, however, that while an overall percentage decrease was realized between 1956 and 1966, the absolute
161 numbers within each group increased substantially. This explains
163 why, while the percentage of post-1966 births has decreased, the total number of births has remained nearly static (Table 2). A

161 While stable populations develop stable age distributions, rapidly increasing populations evidence a greater proportion of younger age groups. The younger groups provide a broad base from which a large reproductive age group may eventually emerge, with the potential of even further increasing the birth rate. Tongan census statistics report a 1966 growth rate of 3.46 percent which represents one of the largest yearly growth rates in Tongan history. Since 1966, yearly percentage growth rates have decreased. However, as the younger age groups reach reproductive ages, Tonga may experience a resurging population expansion.

168 In order to forestall this continually increasing birth
842 rate, and to establish a more stable demographic profile, the Tongan government has, since 1955, supported a family planning program.
[647] The medical department of the Tongan Ministry of Health began the present program of family planning in 1958, with aid from the South Pacific Commission. Since its initiation, the program has been extended to all parts of the Kingdom, with varying degrees of success.

A [See Category 161, p. 28—Analyst.]

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842 168 [164] [165] Tongan traditions are contrary to the concept of reduced family size. Prior to 1950, high infant mortality motivated production of large numbers of offspring. In addition, a large family represented security for elderly parents. However, with the introduction of public health facilities, such as water purification, 161 [165] [163] infant mortality declined, but without a corresponding decline in [162] the birth rate. Thus, family size has increased slightly. The average number of persons per household in 1956 was 6.6, while in 1966 this figure was 6.7.

168 795 842 Several of the active religions within the Tongan Kingdom are a second major obstacle to effective family planning. These church groups (Mormon, Free Church of Tonga and Catholic) are outspoken in their opposition to family planning and birth control. Estimates of lay agreement to this opposition vary. The Office of Family Planning in Tonga claims that 18 percent of the Catholic population participates in the program. However, interviews conducted in a cross sampling of the Tongan population indicated a much lower percentage of Catholic supporters. Interviews with Mormon and Free Church members indicated consistent rejection of the family planning project. Despite the fact that the majority of the Tongan population is of Methodist affiliation, the influence of smaller church groups should not be underestimated. The Mormon church mission, for example, has experienced a rapid expansion in all areas of the Kingdom. The potential for a religious-based block to governmental birth control programs is not insignificant (Clark 1974).

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168 842 A lack of consistent governmental support has produced a final obstacle to an effective family planning program. While a few members of the government outwardly support the program, others have, for various reasons, withheld their endorsement. This inconsistency is prevalent at all levels of the government.

The combined result of these three negative factors is a program far less effective than its earlier reported potential. 168 842 124 Interviews with Tongan family planning administrators indicated that while these are important considerations, family planning is making progress and stabilizing population growth. However, interview questions designed to determine the opinions of average village inhabitants toward Tongan population issues revealed several interesting factors.

168 Among those Tongan citizens questioned, there was almost unanimous agreement that overcrowding is a problem within Tonga, in the 1970s. This overcrowding was recognized at four societal levels: family, village, island, and nation. However, very few of those interviewed could supply an accurate national population estimate (within 15,000).

Similarly, of those interviewed, most believed that overpopulation would remain a major problem in Tonga's future. 168 842 On the other hand, few individuals considered family planning to be an important feature of household management.

Density of population was also found to be of minor importance in the acceptance or rejection of family planning. In a comparison of the high density areas of Ha'apai with low density

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168 areas, such as 'Eua, no significant difference in the proportion
842 of acceptance was evidenced. Nor were significant variations of acceptance noted between rural and urban areas.

Examination of interview responses tends to indicate that the major factor determining acceptance or rejection of a family planning program is based in economics. It was found that the average Tongan, even when knowledgeable of the population issue, was more concerned with his own cost of living, school fees, and social expenses, than with overcrowding in his village or nation. Recognition of the possibility of improving family living standards by the reduction of offspring was the major motivation for acceptance of family planning. It is argued that with current trends toward increased tourism, the economic incentive for family planning may be removed. However, fewer than one percent of the total population would benefit monetarily from these changes. Therefore, it apears that the major incentive to acceptance of planning, the possibility of improving economic status, will continue to be influential.

166 The possibility of improved economic status also is the driving force behind population migrations in modern Tonga. This possibility, coupled with related social aspects (i.e., educational facilities, urban amenities) of certain areas over others, provides the major stimulus for movement within the nation.

167 Tongans have, for centuries, been known as a regionally mobile population. However, while movements of population out of the islands were frequent, seldom were they permanent. For example,